PETITION FOR EX	Docket No. 50623.87										
In re Application of:	MAR 1 8 2004 (C)										
In re Application of: Steven Z. Wu et al. Serial No. O9/695,022 MAR 1 8 2004 S Examiner Examiner Group Art Unit P. Prebilic 3738											
Serial No.	Filing Dat	e	Examiner	Group Art Unit							
09/695,022	October 23,	2000	P. Prebilic	3738							
Invention:											
Implantable Drug Delivery	Prosthesis										
TO THE COMMISSIONER FOR PATENTS:											
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of August 12, 2003, in the above-identified application.											
The requested extension is as follows (check time period desired):											
	☐ Two months	☐ Three month	s Four months	☐ Five months							
From: February 21, 2004 until March 21, 2004 Date Date											
The fee for the extension of	of time is \$110.00 and is to I	oe paid as follows:									
A check in the amount of the fee is enclosed.											
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 07-1850.											
	it Account No. 07-1850. 4 osey L.L.P.	ease consider this a	Cameron K. Kerriga Reg. No. 44,826	any additional fees which may							
cc: Docket											

03/24/2004 MANNED1 00000053 071850 09695022

02 FC:1251 110.00 DA

RECEIVED

MAR 2 6 2004

TECHNOLOGY CENTER R3700

PTO/SB/17 (11/01) (modified)
Approved for use through 10/31/2002, OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE



FEE TRANSMITTAL

Complete if Known Application Number 09/695,022 October 23, 2000 Filing Date First Named Inventor Steven Z. Wu Group Art Unit 3738 Examiner Name Paul B. Prebilic

TOTAL AMOUNT OF PAYMENT

The Commissioner is hereby authorized to:	Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$)880.00		Attorney Docket Number 50623		50623.87	623.87			
Charge the indicated fees to the below mentioned account. X Charge any additional fee required under 37 CPR 1.8-1.21 or credit any over pryments to the below mentioned depost account. Applicant claims small entity status. See 37 CFR 1.8-1.21 or credit any over pryments to the below mentioned depost account. Applicant claims small entity status. See 37 CFR 1.27. Deposit Account Number: 67-1850 Deposit Account Number: 17-1850 Deposit Account Number: 17-1850 Deposit Account Number: 18-1850 Applicant Calms statished 2. Payment Enclosed:	METHOD OF PAYMENT		FEE CALCULATION (continued)						
The control of deposit account CR CR 1.05		Large Entity	Large Entity Small Entity		scription	Fee Due			
CFR 1.6 - 1.2 or credit arry over payments to the betwor methored deposts account." Applicant claims small entity status. Applicant claims small entity status. See 37 CFR 1.27. Deposit Account Name: Squire, Sanders & Dempsey A Duplicate Copy of this authorization is attached 2. Payment Enclosed: 116/51,440 228/580 Extension for response within first month' 118/51,640 218/520 217/5460 Extension for response within first month' 118/51,640 218/520 Extension for response within fourth month' 118/51,640 218/530 Extension for response within fourth month' 118/51,640 218/520 218/540 Extension for response within fourth month' 118/51,640 218/530 Extension for response within fourth month' 118/51,640 Extension for response within find m		105/\$130	205/ \$65	Surcha	rge - late filing fee or oath				
Applicant claims small entity status. 147/52,520 14	Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments	127/\$50	227/ \$25	Surcharge-late provisional filing fee or cover shee					
Applicant claims small entity stalus. See 37 CFR 1.27 Deposit Account Name: 97-1850 Deposit Account Number: 07-1850 Deposit Account Name: Squire, Sanders & Dempsey A Duplicate Copy of this authorization is attached 117/5200 217/3460 Extension for response within first month. 118/51,440 218/5720 Extension for response within first month. 118/51,440 218/5720 Extension for response within first month. 128/51,580 228/580 Extension for response within first month. 128/51,580 217/540 Extension for response within first month. 128/51,580 218/5720 Extension for response within first month. 128/51,580 218/520 218/520 Extension for response within first month. 128/51,580 218/520 218/520 Extension for response within first month. 128/51,580 218/520 218/520 218/	to the below mentioned deposit account.†	147/\$2,520	147/ \$2 ,520	For filin	g a request for reexamination				
Deposit Account Number: 07-1850 Deposit Account Number: Squire, Sanders & Dempsey A Duplicate Copy of this authorization is attached 2. Payment Enclosed: [] Other [215/\$55	Extension for response within first month [†]		110			
Deposit Account Name: Squire, Sanders & Dempsey A Duplicate Copy of this authorization is attached 2. Payment Enclosed: [] Other 128/51/960 228/5980 Extension for response within fifth month 128/5960 228/5980 Extension for response extension 228/5960 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980 228/5980		116/\$400	216/ \$200	Extension for response within second month [†]					
Deposit Account Name: Squire, Sanders & Dempsey A Duplicate Copy of this authorization is attached 2. Payment Enclosed: [] Other 128/\$1,960 228/\$980 Extension for response within fifth month* 128/\$1,280 219/\$160 Notice of Appeal	Deposit Account Number: 07-1850	117/\$920	217/\$460						
A Duplicate Copy of this authorization is attached 2.				Extensi	on for response within fourth month [†]				
2.	A Duplicate Copy of this authorization is attached								
FEE CALCULATION (fees effective 10/1/01) 1. FILING FEE Large Entity Fee CodeFee CodeF			, i	_					
Tilling FEE Large Entity Fee Fee Fee Fee Code/Fee Fee Code/Fee Fee Code/Fee Fee Code/Fee Fee Code/Fee Fee Code/Fee Code/Fee Code/Fee Fee Code/Fee			Ú,	-					
Large Entity Fee Code/Fee Description Fee Description 142/\$1,280 242/\$40 Utility Issue Fee (Or Reissue)		141/\$1,280	241/\$640	· · · · · · · · · · · · · · · · · · ·					
106/\$330 206/\$155 Design Filling 122/\$130 122/\$130 Petitions to the Commissioner 108/\$740 208/\$370 Reissue 123/\$50 123/\$50 Petitions related to provisional applications 126/\$180 126/\$180 Submission of Information Disclosure Statement 14/\$160 214/\$80 Provisional Filling 581/\$40 Secording each patent assignment per property (limes number of properties) 146/\$740 246/\$370 Filing a submission after final rejection (37 CFR 1.129(a)) 179/\$740 279/\$370 Request for Continued Examination (RCE) 770 Previously Paid of Printed Name Carrieron K. Kerrigan Research Lame Reg. Number 144,826 Reg. Number 144,	Large Entity Small Entity Fee Fee Fee Fee Code/Fee Description Due	142/\$1,280	242/\$640	Utility Is	ssue Fee (Or Reissue)				
108/\$740 208/\$370 Reissue 123/\$50 123/\$50 Pelitions related to provisional applications 126/\$180 126/\$180 Submission of Information Disclosure Statement 114/\$160 214/\$80 Provisional Filing 581/\$40 Sel/\$40 Recording each patent assignment per property (times number of properties) 2. CLAIMS Large Entity Fee Code/Fee Fee Description 103/\$18 203/\$9 Claims in excess of 20 Independent claims in excess of 30 Independent claims in excess of 30 Independent claims over original 109/\$84 209/\$42 Reissue Independent claims over original 110/\$18 210/\$9 Reissue claims in excess of 20 and over original 1 patent 2	101/ \$740 201/ \$370 Utility Filing	143/\$460	243/ \$230	Design	Issue Fee				
114/\$160	- 106/ \$330 206/ \$165 Design Filing	122/\$130	122/ \$130	Petition	s to the Commissioner				
114/\$160	108/ \$740 208/ \$370 Reissue	123/\$50	123/ \$50	Petition	s related to provisional applications				
SUBTOTAL (1) (\$) 0 2. CLAIMS Large Entity Fee Code/Fee 103/\$18 203/\$9 Claims in excess of 20 102/\$84 202/\$42 Independent claims in excess of 30 104/\$280 204/\$140 Multiple dependent claims 109/\$84 209/\$42 Reissue independent claims 110/\$18 210/\$9 Reissue claims in excess of 20 110/\$18 210/\$9 Reissue ladims in excess of 20 110/\$18 210/\$9 Request for Continued Examination (RCE) 170 No. 10/\$18 179/\$10 279/\$370 Request for Continued Examination (RCE) 170 No. 10/\$18 179/\$10 279/\$370 Request for Continued Examination (RCE) 170 No. 10/\$18 179/\$10 279/\$370 Request for Continued Examination (RCE) 170 No. 10/\$18 179/\$10 279/\$370 Request for Continued Examination (RCE) 170 No. 10/\$18 179/\$10 279/\$370 Request for Continued Examination (RCE) 170 No. 10/\$18 179/\$10 20/\$10/\$10 20	114/\$450 214/\$90 Provisional	126/ \$180	126/ \$180	Submis	sion of Information Disclosure Statement				
2. CLAIMS Large Entity Fee Code/Fee Fee Code/Fee Fee Description 103/\$18	Filing	581/\$40	581/\$40						
Typed or Printed Name Carmeron K. Kerrigan Typed or Printed Name Typed		146/ \$740	246/\$370						
Fee Code/Fee Fee Code/Fee Fee Description 103/\$18		179/ \$740	279/ \$370	Reques	st for Continued Examination (RCE)	770			
Other fee (specify): 102/\$84									
in excess of 3 Other fee (specify): 104/\$280	103/ \$18 203/ \$9 Claims in excess of 20		Other fee (specify):						
109/\$84 209/\$42 Reissue independent claims over original patent 110/\$18 210/\$9 Reissue claims in excess of 20 and over original patent 4 patent Col. 1			Other fee (specify):						
claims over original patent Reissue claims in excess of 20 and over original patent patent TOTAL 18 INDEP 2 INDEP 2 INDEP 2 INDEP 2 INDEP 2 INDEP 3 INDEP 3 INDEP 3 INDEP 4 INDEP 4 INDEP 3 INDEP 4 INDEP 5 INDEP 5 INDEP 6 INDEP 6 INDEP 7 INDEP 7 INDEP 7 INDEP 8 INDEP 8 INDEP 8 INDEP 9 INDEP 1 INDEP 1 INDEP 1 INDEP 1 INDEP 1 INDEP 2 INDEP 2 INDEP 2 INDEP 3 INDEP 1 INDEP 1 INDEP 1 INDEP 2 INDEP 3 INDEP 1 INDEP 2 INDEP 3 INDEP 1 INDEP 3 INDEP 1 INDEP 1 INDEP 1 INDEP 2 INDEP 1 INDEP 2 INDEP 1 INDEP 2 INDEP 1 INDEP 1 INDEP 2 INDEP 1 INDEP 1 INDEP 2 INDEP 1 INDEP 2 INDEP 1 INDEP 1 INDEP 2 INDEP 1 INDEP 2 INDEP 1 INDEP 2 INDEP 1 INDEP 2 INDEP 1 INDEP 1 INDEP 2 INDEP 1 INDEP 2 INDEP 1 INDEP 2 INDEP 1 INDEP 1 INDEP 2 INDEP 2 INDEP 1 INDEP 1 INDEP 2 INDEP 2 INDEP 1 INDEP 1 INDEP 2 INDEP 1 INDEP 1 INDEP 2 INDEP 1	104/ \$280 204/ \$140 Multiple dependent claim				SUBTOTAL (3) (\$) E	380			
Total 18 Previously Paid For Fee Due				No. 1	(Col. 3)	Fee			
* Subtract the greater number of Col. 2 ** If the difference between Col. 1 and Col. 2 is less than zero, then enter *0* in Col. 3 SUBMITTED BY Typed or Printed Name NDEP 2 minus* 3 or 4 = 0 x \$86 = 50	110/\$18 210/\$9 Reissue claims in excess	For Existing Claims	Previou Paid For	usly r		Due			
* Subtract the greater number of Col. 2 ** If the difference between Col. 1 and Col. 2 is less than zero, then enter *0* in Col. 3 SUBMITTED BY Typed or Printed Name Cameron K. Kerrigan RECEVED SUBTOTAL (2) (\$)0 Complete (if applicable) Reg. Number 44,826		INDEP 2	minus* 3 or 4		= 0 x \$86 =	\$0			
** If the difference between Col. 1 and Col. 2 is less than zero, then enter *0* in Col. 3 SUBMITTED BY Typed or Printed Name Cameron K. Kerrigan RECEVED ** If the difference between Col. 1 and Col. 2 is less than zero, then enter *0* in Col. 3 Complete (if applicable) Reg. Number 44,826	[] First presentation of manager dependent diam.								
Typed or Printed Name Cameron K. Kerrigan Reg. Number 44,826	** If the difference between Col. 1 and Col. 2 is less than zero, then enter *0" in Col. 3								
Typed or Printed Name RECEIVED									
Signature Date March 2 2004	Typed or Printed Name Carneron K. Kerrigan	RE	CEIVED	_	44,826				
MAR 2 6 2004	Signature	AN	R 2 6 2004		Date March 8, 2	004			